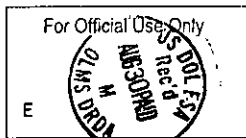


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10582</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Edward</u> <u>C</u> <u>Sullivan</u> P.O. Box, Bldg., Room No., if any <u>Suite 600</u> Street <u>815 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>Building & Construction Trades Dept., AFL-CIO</u> Labor Organization File Number <u>000-292</u> P.O. Box, Building and Room Number, if any <u>Suite 600</u> Street <u>815 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Edward C. Sullivan</u>	On <u>08-24-05</u> <u>202-347-1461</u> Date Telephone Number

Name of Person Filing Edward Sullivan	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Natl. Coord. Comm. for Multiemployer Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 600</p> <p>Street 815 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The NCCMP is an advocacy group on behalf of multiemployer pension and health and welfare plans. I serve as Chairman of the Board of Directors. The Department provides in-kind contributions of rent and administrative services to the NCCMP.</p> <p>11.b. Approximate dollar value of such dealing. \$48,134</p> <p>12.a. Nature of interest held or income received.</p> <p>11/26/04-12/02/04-Hotel room for attendance at 2004 annual NCCMP Conference and speaker's gift of pewter valet box.</p> <p>12.b. Amount. \$3,053</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Lazard Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10 Rockefeller Plaza</p> <p>City New York City</p> <p>State New York ZIP Code + 4 10112-6300</p>	<p>14.a. Nature of payment.</p> <p>6/29/04; 8/31/04; 11/30/04 - Meals</p> <p>14.b. Amount of payment. \$593</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Edward Sullivan	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="O'Donoghue & O'Donoghue"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="4748 Wisconsin Avenue, N.W."/></p> <p>City <input type="text" value="Washington"/></p> <p>State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20016"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Legal services"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$1,500"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="6/11/04; 11/28/04 - Meals"/></p> <p>12.b. Amount. <input type="text" value="\$372"/></p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Kelly Press</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1701 Cabin Branch Drive</p> <p>City Cheverly</p> <p>State Maryland ZIP Code + 4 20785</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Printing services</p> <p>11.b. Approximate dollar value of such dealing. \$487,784</p> <p>12.a. Nature of interest held or income received.</p> <p>2/12/04; 3/28/04; 5/18/04 - Meals 6/24/04; 9/24/04 - Golf</p> <p>12.b. Amount. \$568</p>

Name of Person Filing Edward Sullivan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The McLaughlin Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1725 DeSales Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Insurance broker

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12/04 - Plant

12.b. Amount.

\$45

Name of Person Filing Edward Sullivan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Daniel A. Winters & Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Building 200, Suite 205

Street Chadds Ford Professional Center

City Chadds Ford

State Pennsylvania ZIP Code + 4 19317

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Accounting services

11.b. Approximate dollar value of such dealing.

\$52,588

12.a. Nature of interest held or income received.

10/13/04 - Flowers in sympathy of death of family member

12.b. Amount.

\$60

Name of Person Filing Edward Sullivan

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name DePrince, Race & Zollo, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 850

Street 201 S. Orange Avenue

City Orlando

State Florida ZIP Code + 4 32801

14.a. Nature of payment.

4/5/04-4/07/04; 8/31/04-9/1/04 - Room, meals & golf

Date uncertain - Meal

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$808

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 1920 N Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

14.a. Nature of payment.

6/05/04 - Golf

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$99

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Opus Investment Advisors, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 3230

Street 2321 Rosecrans Avenue

City El Segundo

State California ZIP Code + 4 90245

14.a. Nature of payment.

12/15/04 - Wine

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$122

815 16th Street, N.W.
Suite 600
Washington, DC 20006
August 24, 2005

U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Ave., NW
Washington, DC 20210-0001

RE: Amended Form LM-30

Dear Sir or Madam:

Since filing my 2004 Form LM-30, an additional item was brought to my attention. As a result, I am filing this amended form. Please substitute this form for the one that I previously submitted. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Edward C. Sullivan".

Edward C. Sullivan